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SEP 22 2005

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7590 06/20/2005

Douglas J. Hura, Esquire
DENTSPLY International Inc.
570 West College Avenue
York, PA 17405-0872
09/23/2005 MBELETE2 00000064 040780 10732969

01 FC:1501 1400.00 DA
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Teresa A. Euculano

(Depositor's name)

Teresa A. Euculano

(Signature)

9/20/2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/732,969	12/11/2003	Gordon B. Blackwell	KON-112-CIP2	8500

TITLE OF INVENTION: DENTAL COMPOSITE RESTORATIVE MATERIAL AND METHOD OF RESTORING A TOOTH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/20/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SZEKELY, PETER A	1714	523-116000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page; list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Douglas J. Hura

2. James B. Bieber

3. Daniel W. Sullivan

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Dentsply DeTrey GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Konstanz GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee (No small entity discount permitted)

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A check in the amount of the fee(s) is enclosed.

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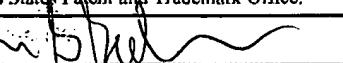
The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 040780 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 19 Sept 2005

Typed or printed name James B. Bieber

Registration No. 28054

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